DELTA CITY CONFIDENTIAL SUPERVISOR INCIDENT INVESTIGATION

OSHA Log Case #: _____ Insurance Claim Reference #: _____ Date of Incident: _____

All reports must be completed and signed by the supervisor, then delivered to the Incident Review Committee within 3 days.

INCIDENT TYPE: [ ] NEAR MISS [ ] FIRST AID [ ] MEDICAL TREATMENT [ ] HOSPITALIZATION [ ] PROPERTY DAMAGE [ ] AUTO

INVOLVED EMPLOYEE INFORMATION: [ ] Employee [ ] Volunteer [ ] Other:
Name: _____ **Area / Department:**_____ **Job Title:** _____
How long has employee worked in department: _____ **Employee certifications:** _____

Shift Information: [ ] Day [ ] Swing [ ] Grave [ ] Weekend Was this a normal shift for employee: [ ] Yes [ ] No:
Normal hours worked per week: **Hours worked prior to incident:**

WITNESS INFORMATION:
Name:_____ Department:_____ Name:_____ Department:_____
Witness Report(s) Attached: [ ] Yes [ ] No

Incident Date: **Incident Time:** **Date & Time Incident Reported:**

Describe How Incident Occurred (be specific, attach photos/sketches):

Incident Location (describe in detail):

[ ] Indoors [ ] Outdoors [ ] Company Property [ ] Off Premises [ ] Road/Highway:

Describe the Task Being Performed:

How often is this task performed: [ ] Daily [ ] Weekly [ ] Monthly [ ] Yearly [ ] Randomly [ ] Other:

On a scale of 1-5, how urgent was the task being performed (1= We've put this off for months 5=Emergency): **1 2 3 4 5**

Described equipment/tools/chemicals/vehicle being used:

Written or verbal procedures for task (list all): [ ] Written [ ] Verbal [ ] None
Describe procedures (attach copy of written procedures):

Did anyone deviate from procedures: [ ] Yes [ ] No **If Yes, Why:**

Was employee trained on this task? [ ] Yes [ ] No **(Describe training):**
When was the employee trained?

Was personal protective equipment required for task? [ ] Yes [ ] No
List required personal protective equipment for task:

Was required PPE in Use? [ ] Yes [ ] No **If No, Why Not:**

Environment: [ ] Good light [ ] Low Light [ ] Dark **Describe weather:**
Other conditions:

Was the incident caused by a recognized hazard associated with the task? [ ] Yes [ ] No Describe:

If yes, what preventative measures were taken to control hazard(s):

Describe what actions were taken after the incident occurred:

Did others responding to the incident have the PPE and training to safely respond: [ ] Yes [ ] No

INCIDENT INFORMATION:

What body parts where injured: (Be specific (left/right, etc. If needed, draw a picture): _____

Type of injury / illness: (check all that apply)

[ ] Cut / Laceration [ ] Puncture Wound [ ] Chemical Inhalation [ ] Chemical Irritation [ ] Chemical Burn
[ ] Heat / Cold Burns [ ] Heat / Cold stress [ ] Physical Exhaustion [ ] Electrical Shock [ ] Fracture
[ ] Sprain / Strain [ ] Dislocation [ ] Contusion / Bruise [ ] Foreign Body
[ ] Other: _____

What kind of first aid /medical treatment was given?

ON SITE: _____

OFF SITE: _____

TREATMENT INFORMATION:

Facility Name:_____ Date of first visit: ___ /___ /___ Follow up visit on: ___ /___ /___ @ _____ pm/am

Name of treating physician or provider _____

Was Employee Treated in the Emergency room? [ ] Yes [ ] No Was Employee Hospitalized over night? [ ] Yes [ ] No Was a drug screen preformed at time of treatment? [ ] Yes [ ] No Is there any expected lost time [ ] Yes [ ] No

What are the current work restrictions if any? _____

Did employee give provider return to work document to supervisor? [ ] Yes [ ] No

Factors Contributing to Cause the Incident: (Check all that apply)

Actions:	**Conditions:**	**Management:**
[ ] Failure to follow policy / training	[ ] Poor workstation design or layout	[ ] Lack of written procedures
[ ] Horseplay	[ ] Congested work environment	[ ] Rules not enforced
[ ] Operating equipment without authority	[ ] Hazardous substance present	[ ] Hazards not identified
[ ] By-passing safety device	[ ] Fire or explosion hazard	[ ] Insufficient worker training
[ ] Using equipment improperly	[ ] Improper tool or equipment used	[ ] Inadequate supervisor training
[ ] Using defective equipment	[ ] Insufficient guards / safety interlocks	[ ] Inexperience of employee
[ ] Servicing equipment while in use	[ ] Slippery conditions	[ ] Insufficient maintenance
[ ] Failure to properly use PPE	[ ] Defective tools, equipment, materials	[ ] Insufficient supervision
[ ] Inattentiveness	[ ] Restricted motion	[ ] Unsafe design (engineering)
[ ] Under the influence	[ ] Inadequate lighting / Ventilation	[ ] Inadequate supervision
[ ] Safety Rule violation	[ ] Excessive noise	[ ] Inadequate work standards
[ ] Improper lifting	[ ] Poor house keeping	[ ] Unrealistic scheduling
[ ] Unsafe acts of others	[ ] High or low temperature	[ ] Other:
[ ] Other:	[ ] Other:	

Explain:

Possibility of incident happening again: [ ] High [ ] Moderately high [ ] Average [ ] Low [ ] Unlikely

Why do you think this?

BUY-OFF:

Investigating Supervisor:_____ Date: ___ /___ /___

Manager: _____ Date: ___ /___ / ___